									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003									16/020,358						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI	L EI	NTITY	OR	OTHER	RTHAN		
TO	TAL CLAIMS							RATE FEE		٦٠٠	RATE	FEE			
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC		 	1	BASIC FEE			
-		ABLE CLAIMS	minus 20=		•			V6.0			7				
-	DEPENDENT C		minus 3 =		•			XS 9		ļ	OR				
		NDENT CLAIM P	<u> </u>					X43=			OR	X86=			
		TOCITY OF SHIP						+145	=		OR	+290=			
. II	the difference	e in column 1 is	less than ze	ess than zero, enter "0" in column 2				TOTA	۱Ŀ		OR	TOTAL			
CLAIMS AS AMENDED - PART II												OTHER			
·		(Column 1) CLAIMS	1	(Colun		(Column 3)	ìr	SMAI	ابال	ENTITY	OR 1	SMALL			
AMENDMENT A	8/1/01	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATI	Ξ.	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE		
	Total	. 24	Minus	- 6	/_	8		X\$ 0	-	•	OR	X\$18=			
ME	Independent	. 4	Minus	9	7	0		LAS	_		OR	Xoge .			
	FIRST PRESENTATION OF MULTIPLE DEPENDE			PENDENT	CLAIM		1	+145:			1	A290=			
								TOT			OR OR	TOTAL	M		
	(Column 1) (Column 2) (Column 3)								EE (JOH.	ADDIT. EEI			
	CLAIMS REMAINING		ſ	HIGHE	ST	`	וו			ADDI-	i f		ADDI-		
IN	Š.	AFTER -		NUME PREVIO PAID F	USLY	PRESENT		RATE		TIONAL FEE		RATE	TIONAL FEE		
MENDMENT B	Total	•	Minus	*		=	11	X\$ 9=			OR	X\$18=			
ME	independent	*	Minus	***		=		X43=	1	-	OR	X86=	· ·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								7						
	• .						L	+145±	L		OR	+290= TOTAL			
									EL	اب س	OR	ADDIT FEE			
ı i		ı –			·	, .									
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	•	Minus	**		=		X\$ 9=	7		OR	X\$18=			
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	FIRST PRESE	NTATION OF MI	ILTIPLE DEP	-		+		OR							
	e Labora anna anna anna anna anna anna anna		+145=			OR	+290=								
** l	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 										OR,	TOTAL ODIT. FEE			
		mber Previously Pai ober Previously Pai					r fouin	nd in the	ab bi	opriate box	in colu	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	İ		
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